MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-022344								
Registration District No. Primary Registration District No. 30/3 Registrar's No. 6/ STATE FILE NUMB								
ON THIS STUB	DO NOT WRITE AMENDED ON THIS STUB		·	FILED JUL 1 1 1969				
VS 300				2. USUAL RESIDENCE (Where dece a. COUNTY  a. STATE 2.5 COUNTY  b. CO	MINITY	Residence before admission)		
Rev. 4/59		11	1	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b c. CITY  c. CITY	Clay	Inside Limits		
				Town Excelsior Springs 1910 Town Excelsion	Shrings	Yes T No 🗆		
6001	≩			FULL MANUE OF MANUE AND		Reside on Farm		
<sup>2</sup> / <sub>2</sub> 001	DATE AMENDED			HOSPITAL OR INSTITUTION Spa View Health Haven Yes No []	cutside, give location) 3t Excelsion	Yes 🗆 No 🕭		
3	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year							
				Haye Etta Steele DEATH M	_ •	1962		
4 /				10. COLON ON KNOCE   11 Manuae   11 Manuae   1   1   1   1   1   1   1   1   1	birthday) IF UNDER 1 YEAR Months Days	IF UNDER 24 HR		
<sup>5</sup> O				FeMale White Widowed Divorced 1/10/1884 78	' ' ' '   ' '			
6	اروا	1		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or during most of working life, even if retired)	''' I	WHAT COUNTRY		
	M IIIOM			during most of working life, even if retired)  HOME Maker  XXXXX  Cameron, Missour  136. FATHER'S NAME  136. MOTHER'S MAIDEN NAME	NAME OF HUSBAND OR WIFE			
7 0	<u> </u>	11			Single			
8 2	ιχ.	11		15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT	Address			
0.20	<b> </b>			(Yes, no, or unknown) (If yes, give war or dates of service)	Nommal Til	inois		
- 9331 X	K			18. CAUSE OF DEATH (Enter only one cause per line for	IN	ITERVAL BETWEEN		
10		11	API I	IMMEDIATE CAUSE (a) Cere by a / hemory haze	۱	NSET AND DEATH		
11	COR		DOCUMENT	IMMEDIATE CAUSE (8)				
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1061	I준 IS	1 1	ŏ	Conditions, if any, ) DUE TO (b) Arteries Sclere 31)	Ţ.,	V + 3		
1286-0	IS REC		ŏ	Conditions, if any, which gave rise to above cause (a),		V + 3		
$\frac{1286-0}{13/-/}$			ď	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b) Arterie Sclere Si)  DUE TO (c)	,	<u> </u>		
1286-0	THIS INST		M	which gave rise to above cause (a), stating the under-lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal	PART III. If deceased	was female was		
1296-0	ON THIS		M M	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	there a pregna	ency in last 90 days.		
1296-0	ON THIS		T DX	which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	there a pregna	ncy in last 90 days. N: Unknown		
1296-0	ON THIS		DC	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY   20s. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PERFORMED?	there a pregna	ncy in last 90 days. N: Unknown		
1296-0	ON THIS		DC	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO PORT NOTHING TO DEATH but not related to the terminal disease condition given in PART I (a)	there a pregna	ncy in last 90 days. N: Unknown		
1296-0	THIS INST		).	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO PORT   10   10   10   10   10   10   10   1	there a pregna	ncy in last 90 days. N: Unknown		
1296-0 13/-/ NO88	ON THIS		D(	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY Co. Time Of Hour Month, Day, Year p.m., p	there a pregna	ncy in last 90 days. N: Unknown		
129 (- 0 13/-/ NBBON	AMENDMENTS ON THIS INST		, , , , ,	which gave rise to ebove cause (a), stating the under-lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO PROPERTY OF Hour Month, Day, Year NIJURY PERFORMED? YES NO PROPERTY NOTE: 1. The PERFORMENT NIJURY OCCURRED. (Enter nature of INJURY p.m.	there a pregna	ncy in lest 90 days.  N: Unknown  I of item 18.)		
<u> </u>	AMENDMENTS ON THIS INST		D	Which gave rise to above cause (a), stating the under-lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO PORT NOTHING TO DEATH but not related to the terminal disease condition given in PART I (a)  20c. TIME OF Hour Month, Day, Year NIJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION while AT WORK NOT WHILE AT WORK NOTHING TO DEATH but not related to the terminal disease condition given in PART I (a)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY occurrence	there a pregna	ncy in lest 90 days.  N: Unknown  I of item 18.)		
<u> </u>	READ AMENDMENTS ON THIS READ INST	(,	, , , , ,	which gave rise to above cause (a), stating the under-lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of NJURY OCCURRED   INJURY OCCURRED   INJURY OCCURRED   INJURY OCCURRED   INJURY OCCURRED   20a.	there a pregnation of injury in PART I or PART I  COUNTY	N: Unknown I of item 18.)  STATE		
<u> </u>	READ AMENDMENTS ON THIS READ INST		3 00 00	which gave rise to above cause (a), stating the under-lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PREFORMED? YES   NO PREFORMED.   STATE OF THE PROFORMED   NO PREFORMED.   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY PROFORMED.)   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY PROFORMED.)   20a. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY PROFORMED.)   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY PROFORMED.)   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY PROFORMED.)   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY PROFORMED.)   20a. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY PROFORMED.)   20a. INJURY PROFORMED.   20a.	there a pregnation of injury in PART I or PART I  COUNTY	N: Unknown I of item 18.)  STATE		
<u> </u>	READ AMENDMENTS ON THIS READ INST		OF !	Which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO PORTOR OF Hour Month, Day, Year NIJURY OCCURRED. (Enter nature of INJURY OCCURRED)  20c. TIME OF Hour Month, Day, Year NIJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION WHILE AT WORK NOT WHILE AT WORK DESCRIBE HOW INJURY OCCURRED.  20d. INJURY OCCURRED Arm. Street, office bidg., etc.)	there a pregnation of injury in PART I or PART I  COUNTY	N: Unknown I of item 18.)  STATE		
USE: BLACK INK  OR  TYPEWRITER RIBBON	SHOULD READ INST		OF !	Which gave rise to above cause (a), stating the under-lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PREFORMED? YES NO PORT OF Hour Month, Day, Year NIJURY OCCURRED. (Enter nature of NIJURY OCCURRED.)  20c. TIME OF Hour Month, Day, Year NIJURY (e.g., in or about home, NIJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK (Company)  21. I attended the deceased from Dec. 1937, to 29 may 62 and last saw here the peath occurred at 11.55 and to the best of Death occurred at 11.55 and to the best of Death Occurred at 11.55 and to the best of Death Occurred at 11.55 and to the best of Death Occurred at 11.55 and to the best of Death Occurred at 11.55 and to the Death Occurred at 11.55 and to t	county  con 2/ Apr 'con my knowledge, from the con 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	N: Unknown of item 18.)  STATE  Causes stated.  22c, DATE SIGNED		
<u> </u>	SHOULD READ INST	7, 20	OF !	Which gave rise to shove cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES   NO	county  con 2/ Apr 'con my knowledge, from the con 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	STATE  22c, DATE SIGNED  5-31-62		
<u> </u>	NO. SHOULD READ INST	1, 20	3 00 00	Which gave rise to shove cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES   NO	COUNTY  COUNTY  COUNTY  Alive on 2/ Apr 4  of my knowledge, from the county (City frown, or county)	N: Unknown of item 18.)  STATE  2 auses stated, 22c, DATE SIGNED 5-31-62 (State)		
<u> </u>	SHOULD READ INST	***	OF !	Which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES   NO P   20a. ACCIDENT SUICIDE HOMICIDE YES   NO P   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury Occurred). (Enter nature of Injury Occurred	county  county	N: Unknown of item 18.)  STATE  2 auses stated, 22c, DATE SIGNED 5-31-62 (State)		

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the	body whose name is recorded	s recorded on the reverse side of this certificate was embalmed by me,		
working under my personal sup	ervision	-		
		Signed Chas. Virgil Hope		
StudentSignature of Stu	dent Embalmer	gned these says proper		
ege ya.	Algebra Kall J. Kar	Licensed Embalmer No. 3950		
	•	Licensed Embalmer No. 3950  P. O. Address Excelsion Spring, M		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.